

City of Fort Lauderdale Adopt-A-Street Program

Event Completion Form

Please complete the form below after each cleanup event and return it to the City of Fort Lauderdale Neighbor Support Office at 100 N. Andrews Avenue 5th Floor, Fort Lauderdale, FL 33301 or email it to Ryan Henderson at rhenderson@fortlauderdale.gov.

Date of cleanup event: _____

Name of group leader: _____

Name of organization/group: _____

Name of adopted street: _____

Number of hours of cleanup event: _____

Number of volunteers: _____

Total weight (in pounds): Trash _____ Recyclables: _____

Number of storm drains litter was removed from: _____

Number of storm drains reported to 24-hour Customer Service Center: _____

Please list any unusual or large items encountered:

Please list incidents or injuries, if any:

Please list any supplies needed:

Condition of Adopt-A-Street signs: ☐ Excellent ☐ Good ☐ Fair ☐ Need Work

Date of next event: _____

City of Fort Lauderdale Adopt-A-Street Program Participation Waiver

In consideration of the privilege of being allowed to take part in the City of Fort Lauderdale Adopt-A-Street Program, use of equipment and the facilities of the City, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged the undersigned, individually and on behalf of my minor child names below do hereby agree to indemnify and hold harmless the City of Fort Lauderdale, its trustees, elected and appointed officials, agents, servants, volunteers, and employees from and against all claims, demands, causes of action of whatsoever kind, and for any resulting judgments, losses, costs, damages, liability, expenses, including, but no limited to attorneys' fees arising out of, occurring during or relating to the use of equipment, facilities, or participation in the City's Program.

I further acknowledge and authorize the photograph and videotape and publication of such photographs and videotapes of my minor to promote or publicize the City's Programs. I understand the physical requirements of participation in these activities and affirm that my child meets these requirements. I give permission for instructor, staff, and emergency personnel to make necessary first aid decisions in the event of accident, injury or illness. In the case of injury, accident, illness, or inability to complete these activities, I will bear the full cost of any expense incurred due to any injury to my child or damage to my property.

Participant's Name

(Please print)

Participant's Signature

(Parent signature required for minor)

PLEASE FOLLOW THE BASIC SAFETY RULES:

- Always wear the orange safety vest and gloves.
- All volunteers should walk on the same side of the street.
- Please examine all litter for sharp edges before picking it up.
- Program is for children 12 years of age or older; provide adult supervision for minors.